



GREEN BAY HOUSING AUTHORITY MASON MANOR PUBLIC HOUSING PROGRAM

1424 Admiral Court
Green Bay, WI 54303
Jayme Valentine, Senior Property Manager
(920) 492-3790
jaymeva@greenbaywi.gov

PRELIMINARY APPLICATION

In addition to completing this application, the following items are **REQUIRED** to be attached. Failure to provide these documents and answer all questions on the application will result in an incomplete application and immediate denial of assistance.

- 1. Copies of a Driver's License or State ID for all adults (18 yrs & over) listed below**
- 2. Copies of Social Security Cards or Proof of Citizenship for all household members listed below**
- 3. Copies of Birth Certificates or Alien Registration Card for all household members listed below**
- 4. Proof of your preference if you are a: (IF APPLICABLE, VERIFICATION OF PROOF MUST BE ATTACHED)**
 - a. Brown County Resident displaced due to a *natural disaster* or *government action*:
 - Must provide a statement from a government agency or service agency such as City Official or The Red Cross.
 - b. Brown County Resident who is a *domestic violence victim, homeless individual or families*:
 - Must provide documentation of verification from a local social services agency that is providing case management.
 - c. Brown County Resident that is *elderly, disabled, veteran families* or *working families*.
 - d. Brown County Resident that is *active* or *has completed educational* or *training programs*:
 - Must provide certificates or documentation of verification.

If the preferences listed above do not apply to you:

Brown County Residents:

Will be placed on the waiting list based on **date and time** the completed application was received. (*We do not number our waitlist applications*) After applicants with the above preferences are assisted, all other Brown County applicants will be pulled from waiting list.

Non Brown County Residents:

Will not be pulled from the waitlist until all other **Brown County applicants** have been assisted.

Additional Information:

You MUST notify the Green Bay Housing Authority in WRITING immediately of any changes in family size or composition, preference status, or contact information, including current residence, mailing address, and phone number.



PLEASE COMPLETE THIS FORM AND RETURN TO:

Green Bay Housing Authority
1424 Admiral Court
Green Bay WI, 54303



Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **Email:** _____

I. HOUSEHOLD COMPOSITION: List all household members that will be included on the lease, including all adults, adult children and minor children. Please list the head of household first. [If you have additional members, attach a sheet]

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER	RELATIONSHIP	DISABLED (Y or N)	HISPANIC (Y or N)	RACE	SOCIAL SECURITY #
			__ / __ / __		Head of Household				__ - __ - __
			__ / __ / __						__ - __ - __
			__ / __ / __						__ - __ - __
			__ / __ / __						__ - __ - __
			__ / __ / __						__ - __ - __
			__ / __ / __						__ - __ - __

- 1) Is there anyone in the household that is disabled or handicapped that will require special accommodations?
☐ Yes Which family member? _____
Explain accommodations needed: _____
☐ No
- 2) Is there anyone who will be included on the lease, but is currently away from home due to military obligations?
☐ Yes Which family member? _____ When will they return? _____
☐ No
- 3) Are there any expected births in the next 12 months?
☐ Yes Which family member? _____ Expected due date? _____
☐ No
- 4) Are there any household members 18 years or older that are currently enrolled in school?
☐ Yes Which family member? _____ Name of school/institution: _____
☐ No

In conjunction with answering this question, if yes, please provide verification of class enrollment and documentation of any financial aid received for the period of enrollment.



II. RENTAL HISTORY: The applicant must provide information regarding their **current residence**, as well as a **previous residence**. If a household member listed above currently resides in a different residence, please indicate their current residence as well. **PLEASE MAKE SURE YOU FILL OUT THIS PAGE AND PROVIDE CURRENT/PREVIOUS LANDLORD INFORMATION FOR THE PAST 5 CONSECUTIVE YEARS. FAILURE TO PROVIDE LANDLORD CONTACT INFO WILL RESULT IN THE APPLICATION BEING DEEMED AS INCOMPLETE!**

APPLICANT:

CO-APPLICANT (if applicable):

Current Address: _____

City, State, Zip Code: _____

Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Previous Address: _____

Previous City, State, Zip Code: _____

Previous Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Move Out Date: ____/____/____

Reason for moving _____

Previous Address: _____

Previous City, State, Zip Code: _____

Previous Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Move Out Date: ____/____/____

Reason for moving _____

Current Address: _____

City, State, Zip Code: _____

Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Previous Address: _____

Previous City, State, Zip Code: _____

Previous Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Move Out Date: ____/____/____

Reason for moving _____

Previous Address: _____

Previous City, State, Zip Code: _____

Previous Landlord: _____

Phone #: (____) _____-_____

Move In Date: ____/____/____

Move Out Date: ____/____/____

Reason for moving _____

IF YOU HAVE NEVER RENTED ON YOUR OWN PLEASE INDICATE WHERE YOU HAVE LIVED.

FOR EXAMPLE: ***“NEVER RENTED ON MY OWN, LIVED WITH PARENTS.”***



III. HOUSEHOLD ASSETS: Answer the following questions appropriately by checking or filling in the “yes” or “no” circle as they apply. If any questions are answered “yes”, then please provide the most current/recent documentation verifying the declaration.

- 1) Checking, Savings, CD’s

☐Yes

☐No
- 2) IRA, 401K Plan, or other retirement account

☐Yes

☐No
- 3) Life insurance policies

☐Yes

☐No
- 4) Real Estate- currently own

☐Yes

☐No
- 5) Real Estate- sold within last 12 months

☐Yes

☐No
- 6) Savings Bonds

☐Yes

☐No
- 7) Stocks

☐Yes

☐No
- 8) Mutual Funds

☐Yes

☐No
- 9) Trusts

☐Yes

☐No
- 10) Company Pension Funds

☐Yes

☐No
- 11) Inheritance, lottery winnings, insurance
Settlements, one time payments

☐Yes

☐No
- 12) Personal property held as an investment
Description: _____

☐Yes

☐No

If any above questions were checked yes, list all accounts below and the family member to which it belongs.

Family Member Name	Type of Account	Account #	Current Balance	Institution/Agency Name
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	



IV. HOUSEHOLD INCOME: List income earned from all employers in the last 12 months and all current employers for all household members. Please include the average number of hours worked per week and the hourly rate of pay. Cash jobs must be included as well. For all employment listed below, the most recent 3 months worth of pay stubs must be included as verification.

Household Member Name	Employer's Name	Hours Worked Per Week	Hourly Rate of Pay	Start Date	End Date
			\$	___/___/___	___/___/___
			\$	___/___/___	___/___/___
			\$	___/___/___	___/___/___

- 1) Are any household members self employed?
☐ Yes Which family member? _____
Please provide a copy of Schedule C from your last tax return filed
☐ No

2) Are there any household members that have income now, within the last 12 months, or will be receiving in the next 12 months from any of the following?

Source of Income	Household Member Receiving Income	When Received? (check applicable)	Amount Received	How Often? (check applicable)
Pension/Annuity/Retirement		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Social Security		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
SSI		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
W2 Program		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Food Stamps/Share		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually



Unemployment		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Workers Compensation		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Child Support		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Alimony		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Strike Benefits		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
VA Benefits		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Rental Assistance		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Rented/leased personal items		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Per Capita/Tribal Payments		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Senior Aid Program		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Foster Child Assistance		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually
Adult Care Assistance		<input type="radio"/> Currently <input type="radio"/> In the next 12 months <input type="radio"/> In the past 12 months, but no longer receive <input type="radio"/> Do not receive at all	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually

If any household member(s) receive(s) any of the above and has attested to that, the most current documentation must be provided to verify the income.



V. MEDICAL EXPENSE DEDUCTION: *If your household has a head, spouse, or co-head that is at least 62 years of age or is a person with disabilities, you may qualify for a Medical Expense Deduction. Please indicate below any anticipated medical expenses paid that are not reimbursed by any other sources for the next 12 months. If your household does not have a head, spouse, or co-head that is at least 62 years of age or a person with disabilities, SKIP TO THE NEXT SECTION.*

Type of Medical Expense	Household Member Name	Name of Medical Provider (if a doctor, indicate doctor and name of facility)
Medical Professionals		
Surgery & Medical procedures that are necessary (non-cosmetic)		
Services of medical facility, long-term care, hospitalization, in-home nursing services		
Prescriptions		
Improvements to housing directly related for medical needs (ie. Ramps for wheelchair, handrails, etc)		
Substance abuse treatment programs		
Psychiatric Treatment		
Ambulance services or transportation related to medical expenses		
Cost & care of necessary equipment related to a medical condition (ie. eyeglasses, hearing aids, crutches, artificial teeth)		
Cost & continuing care of necessary service animals		
Medical insurance premiums		

(Attach additional sheet if necessary)

VI. CHILD CARE/ATTENDANT CARE: Please answer the following questions below as applicable. Be prepared to provide the necessary documentation to verify any declaration.

- 1) Is there anyone in your household that pays for childcare or for the care of a sick or hospitalized household member so that the head of household or spouse can attend work or school?
- ☐ Yes Name of Provider: _____
Address: _____
Phone #: _____
Amount paid per month: \$ _____
- ☐ No
- 2) Is there anyone in your household that makes payments or has expenses for attendant care or auxiliary apparatus expenses that are necessary to enable a family member to be employed, including the handicapped or disabled member?
- ☐ Yes Name of disabled household member: _____
- ☐ No

VII. FRAUD: The GBHA anticipates that the vast majority of families intends to and will comply with program requirements and make reasonable efforts to avoid fraudulent behavior. To ensure that the program is administered effectively and according to the highest ethical and legal standards, a variety of techniques will be employed to ensure that both errors and intentional program abuse is rare. There are penalties that apply if you knowingly omit information or give false information. Don't risk your chances for assisted housing by providing false, incomplete, or inaccurate information.

- 1) Has anyone in your household ever been involved in any drug-related or criminal activities?
- ☐ Yes Which household member? _____
When (month/year)? _____
Where (city/state)? _____
- ☐ No
- 2) Is anyone in the household registered as a lifetime sex offender with the Department of Corrections?
- ☐ Yes Which household member? _____
- ☐ No
- 3) Has anyone in the household ever committed fraud in a federally assisted housing program or been requested to repay money for misrepresenting information from a federally assisted program?
- ☐ Yes Which household member? _____
Please explain: _____

- ☐ No



VIII. ASSISTANCE IN COMPLETING THIS FORM: Please provide the necessary information requested below if assistance was received in completing this form or any portion of this form.

1) Did your household receive any assistance in completing this form?

☐ Yes Assisting Name/Agency: _____
☐ No

ASSISTING INDIVIDUAL/AGENCY: *By signing this form, I certify that all information indicated is accurate and completed to the best of my knowledge based on the information provided to me. If translation was provided, I certify that I have translated the documents in their entirety, asking all questions and recording all responses and information truthfully, accurately, and completely.*

Signature of Assisting Individual/Agency

Contact Phone #

Date

IX. AFFIRMATION OF ACCURACY

I do hereby swear and attest that all the information on this form is accurate and complete. I understand that all changes in household composition, income, and assets must be reported immediately to the Housing Authority of the City of Green

Bay.*[Warning: Title 18, Section 1001, of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the United States.]*

Signature of Head of Household

Date _____

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date





U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an Initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Green Bay Housing Authority
1424 Admiral Court
Green Bay, WI 54303
(P) 920-492-3790
(F) 920-492-3789

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information

PRA requesting release of information:

Green Bay Housing Authority
1424 Admiral Court
Green Bay, WI 54303
(920) 492-3790
~~(920) 492-3789~~ FAX

Authority: 42 U.S.C. 1473f and 3535(d), implemental at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care allowances, Credit and Criminal Activity. HOD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HOD and the HA may participate in a computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be obtained: HOD is required to protect the information it obtains in accordance with the privacy act of 1974, 5 U.S.C. 552a. HOD may disclose information (other than tax return information) for certain routine uses, such as to other governmental agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information obtained in accordance with any applicable State privacy law. HOD and HA employees may be subject to penalties for unauthorized disclosure or improper uses of the information that is obtained on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HOD or the RA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HOD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed,

Signatures:

Head of Household	Date	Local Security Number of Head of Household
Spouse		Other Family Member over 18
	Date	Other Family Member over 18
Other Family Member over age 18		Date

Penalties for Misusing this Consent:

HUD, the RA and any other owner (or any employee of HOD, the HA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HOD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Source of Information: The groups or individuals that may be asked to release the authorized information included but are not limited to:

- Previous Landlords (Including Public Housing Agencies)
- Courts and Post Offices
- School and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Bank and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0249
Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL
ASSAULT, OR STALKING:**

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
Occurred:** _____

Location of Incident(s):

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.